

| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2008</b><br><b>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</b>  |            | Docket Number<br>340082.401         |              |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |              |  |        |       |          |  |        |        |          |
|--|------------|-------------------------------------|--------------|------------|-------------------------|--|--|-------|------|----------|---|-------|-------|----------|--|--------|-------|--------------|--|--------|-------|----------|--|--------|--------|----------|
| Application Number 10/763,570  |            | Filed January 23, 2004              |              |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |              |  |        |       |          |  |        |        |          |
| <b>For COMPOSITIONS AND METHODS FOR RESTORING BACTERIAL FLORA</b>  |            |                                     |              |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |              |  |        |       |          |  |        |        |          |
| Art Unit<br>1651   |            | Examiner<br>Lora Elizabeth Barnhart |              |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |              |  |        |       |          |  |        |        |          |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 15%; text-align: center;"><u>Fee</u></th> <th style="width: 15%; text-align: center;"><u>Small Entity Fee</u></th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$120</td> <td style="text-align: center;">\$60</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$460</td> <td style="text-align: center;">\$230</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1050</td> <td style="text-align: center;">\$525</td> <td style="text-align: center;"><u>\$525</u></td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1640</td> <td style="text-align: center;">\$820</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2230</td> <td style="text-align: center;">\$1115</td> <td style="text-align: center;">\$ _____</td> </tr> </tbody> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge the above fees, or credit any overpayment, to Deposit Account Number <u>19-1090</u>.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p style="padding-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71<br/>Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p style="padding-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record. Registration No. <u>44,614</u></p> <p style="padding-left: 40px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br/>Registration number if acting under 37 CFR 1.34: _____.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> <u>William T. Christiansen/</u><br/>           Signature<br/> <u>William T. Christiansen, Ph.D.</u><br/>           Typed or printed name         </div> <div style="width: 45%; text-align: center;"> <u>March 21, 2008</u><br/>           Date<br/> <u>206-622-4900</u><br/>           Telephone Number         </div> </div> <p style="font-size: small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.</p> |            |                                     |              | <u>Fee</u> | <u>Small Entity Fee</u> |  | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ _____ | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$460 | \$230 | \$ _____ | <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1050 | \$525 | <u>\$525</u> | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1640 | \$820 | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2230 | \$1115 | \$ _____ |
|  | <u>Fee</u> | <u>Small Entity Fee</u>             |              |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |              |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$120      | \$60                                | \$ _____     |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |              |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$460      | \$230                               | \$ _____     |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |              |  |        |       |          |  |        |        |          |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1050     | \$525                               | <u>\$525</u> |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |              |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$1640     | \$820                               | \$ _____     |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |              |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$2230     | \$1115                              | \$ _____     |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |              |  |        |       |          |  |        |        |          |